Honolulu, Hawai'i

RE: S.B. No. 2830

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Honorable Colleen Hanabusa President of the Senate Twenty-Fifth State Legislature Regular Session of 2010 State of Hawai'i

Honorable Calvin K. Y. Say Speaker, House of Representatives Twenty-Fifth State Legislature Regular Session of 2010 State of Hawai'i

Madam President and Mr. Speaker:

The Joint Legislative Committee on Aging in Place (JLCAIP), created pursuant to Act 285, Session Laws of Hawai'i (SLH) 2006, as the Joint Legislative Committee on Family Caregiving (JLCFC), and renamed pursuant to Act 220, SLH 2008, having been directed to report to the Legislature by Act 11, Special Session Laws of Hawai'i (SSLH) 2008¹, entitled:

"A BILL FOR AN ACT RELATING TO CAREGIVING,"

begs leave to report as follows:

PART I. INTRODUCTION and BACKGROUND

The JLCAIP is mandated to develop a comprehensive public policy to strengthen support for family caregivers who provide unpaid, informal assistance to persons 60 years of age and older with physical or cognitive disabilities and for grandparents raising grandchildren.

In December 2006, the JLCAIP adopted a policy of determining what the state can do to foster a person's ability

 $^{^1}$ Act 11, SSLH 2008, reflects the Legislature's override of the Governor's item veto in Act 220, SLH 2008 (relating to appropriations for the Kupuna Care program). The Act will be referred to as Act 220 throughout this report.

to age in place, particularly through the support of family caregivers. The JLCAIP has sought to support development of a comprehensive and sustainable, community-based family caregiver support system that has the following components:

- (1) A coordinated referral and case management service;
- (2) Centralization of available services;
- (3) Volunteers;
- (4) Education and training; and
- (5) Financial assistance.

To advance the Committee's goal, it has conducted work programs during the legislative interims of 2006, 2007, 2008, and 2009.

The members of the JLCAIP are: Senator Les Ihara, Jr. and Representative Marilyn B. Lee, Co-Chairs; Senators Rosalyn Baker, Suzanne Chun Oakland, and Fred Hemmings; and Representatives Karen Awana, Joey Manahan, and Corinne Ching.

This is the fourth report the JLCAIP has submitted to the Legislature. The last report was Joint Special Committee Report No. 1 dated January 20, 2009, which is incorporated by reference in this report. Due to the state's current fiscal crisis, the JLCAIP decided to defer actions and recommendations that impact the fiscal condition of the state, and focused its work on monitoring ongoing projects. Thus, this report will serve as an update to the January 20, 2009 report.

Throughout the 2009 legislative interim, the JLCAIP met jointly with the Legislature's Kupuna Caucus to receive reports, updates, and solicit information on various aging-related topics. These meetings occurred on: July 3, August 7, September 4, November 6, and December 4.

Part II of this report will provide findings and recommendations in the areas of interest to the JLCAIP, which include: Kupuna Care and the Preservation of the Safety Net, Aging and Disability Resource Center, Grandparents Raising Grandchildren, Home for Life Task Force, Home Care Concierge Service, Fall Prevention, Home Care Agency Licensure, University of Hawai'i Center on Aging, and Long Term Care Commission.

Part IV is the conclusion.

PART II. FINDINGS AND RECOMMENDATIONS

During the 2009 legislative interim, the JLCAIP continued to gather information in areas that advance family caregiver support and improve conditions for enabling our elders to age in place. The state's fiscal crisis has prompted the JLCAIP to limit its recommendations to actions that do not require state funds or otherwise strain the resources of the state.

Recommendations for the following programs been deferred due to fiscal constraints of the state: additional funding for the Kupuna Care Program, Aging and Disability Resource Center, University of Hawai'i Center on Aging, Sage PLUS for the neighbor islands, and cash and counseling model; new funding for a respite care directory, caregiver assistance and home modification tax credits; and funding mechanism to expand the paid family leave program to include family caregivers. However, some of these programs have been pursued because funds have been secured from federal or private sources.

Until it terminates on June 30, 2010, the JLCAIP will monitor progress on the following areas of interest and may take action, as needed.

Kupuna Care and the Preservation of the Safety Net

The Executive Office on Aging (EOA) and the four county agencies on aging have reported static funding levels since 2002 for Kupuna Care home and community based services, which serve as a de facto safety net for the state's frail needy elderly. With growing inflation, Kupuna Care services have become insufficient to meet the needs of our frail elderly, with less adequate service than in the past. Not all needs are met and not all older adults in need of services receive services.

Kupuna Care services consist of nine core services, including: case management, personal care, chore, homemaker, adult day care, attendant care, transportation, and homedelivered meals. Area agencies on aging provide Kupuna Care services based on the needs of their community. Older adults are assessed and a care/service plan is developed to outline the services to be received.

Due to severe fiscal constraints, the Governor has not released additional funds appropriated for Kupuna Care. The

JLCAIP has sought to monitor the county programs to be able to identify emergency situations that may warrant special legislative and executive branch actions. Kupuna Care lists of eligible clients waiting for services are currently considered the best way to monitor this safety net program. While waitlists are a programmatic component not explicitly designed to measure the unmet needs of frail elderly, they do provide a general gauge for assessing the Kupuna Care safety net program in each county.

The JLCAIP has encouraged improvements in the methodologies and information systems used to report the number of persons on Kupuna Care waiting lists. EOA and its designated area agencies on aging have made a concerted attempt to create waitlist data that better reflect unmet and under-served needs.

As of September 30, 2009, approximately 594 older adults were on the Kupuna Care waitlist statewide². Waitlist data was also provided by service type, which showed that the largest unmet needs were: 150 unit-hours of homemaker services, 179 unit-hours of chore services, and 96 home delivered meals. The EOA is continuing to work with area agencies on aging to improve their waitlist procedures to better reflect the needs of those waiting for Kupuna Care services within each county.

Aging and Disability Resource Center (ADRC)

In addition to a physical ADRC site in Hilo, an ADRC website (www.HawaiiADRC.org) has gone online to provide statewide information and referral services on caregiving, home care, and other long term care services. The EOA was recently awarded three federal grants to enhance ADRC services and functions, including: 1) hospital discharge planning model, 2) the ADRC Expansion Grant which is a systems change and implementation towards becoming a fully functional ADRC through the development of a 5-year ADRC operational plan & budget, 3) the Community Living Program which establishes a targeted program of consumer-directed services (such as the cash and counseling model), and meets a goal to expand access statewide to a full functioning Hawai'i ADRC by March 2011.

Grandparents Raising Grandchildren (GRG)

 $^{^{2}}$ The total statewide waitlist_number includes people who may be waitlisted for more than one Kupuna Care service.

The Grandparents Raising Grandchildren Task Force, established by S.B. 2830 (2008), was mandated to identify: existing services to meet the needs of GRG, service deficiencies, barriers that prevent grandparents from accessing services, and actions needed to facilitate the provision of services to grandparents raising grandchildren. The 2007 Needs Assessment of Grandparents Raising Grandchildren in the State of Hawai'i found that more than 14,000 grandparents are raising approximately 35,000 grandchildren.

The GRG task force conducted its work during the 2008 legislative interim and through June 2009. The final report of the task force, dated June 15, 2009, identified numerous deficiencies and problems in providing services to GRG, including: grandparents in senior public housing face eviction if they accept the care of a grandchild-in-crisis; the Department of Education does not generally inform GRGs about Caregiver's Consent Affidavit forms mandated by Act 99 (2003); the Department of Health has not approved a form for the Affidavit for Caregiver's Consent for Minor's Health Care as was required in 2005; and interference from recently released incarcerated persons in GRG's care of grandchildren they have been raising and for whom they have been providing financial support.

The final report of the GRG task force contained many recommendations involving a number of departments. All departments are requested to increase GRG awareness and understanding on government procedures and availability of services. The Department of Education is requested to expedite approval of a simple Caregiver's Consent Form, transmit it with instructions to schools on how to implement Act 99, train staff, send notices to parent and other organizations, and collect and submit data regarding aggregate information on persons submitting Caregiver Consent Affidavits.

Recommended requests also included: encouraging the Department of Health to establish policies and procedures to accept the Affidavit for Caregiver's Consent for Minor's Health Care for care at Family Guidance Centers; changes in public senior housing rules to allow seniors to receive waivers to have a reasonable time to find new housing when they accept care of a grandchild; request the Department of Public Safety to provide information to persons prior to release from incarceration to support them in accepting responsibilities to their children; request the Department of Human Services to provide orientation and training to case workers to increase sensitivity and support

to GRGs; and inclusion of GRG concerns in the Hawai'i Four-Year Plan on Aging authored by the Executive Office on Aging.

In discussions at meetings held jointly with the Kupuna Caucus and the JLCAIP, it was decided that legislative resolutions were not necessary for the departments of Education and Health, and the Executive Office on Aging. A resolution regarding housing concerns will be introduced by Kupuna Caucus legislative leaders. The JLCAIP recommends adoption of resolutions to address the GRG task force recommendations involving the department of Human Services and Public Safety.

Home for Life Task Force

Senate Concurrent Resolution 7 (2009) established the Home for Life Task Force to coordinate research and action to reduce barriers to aging in place and to facilitate multigenerational living. While the senate president and speaker of the house have appointed members to the task force, the governor has not done so. Until final members of the task force are appointed, an ad hoc task force has been meeting to advance the work program outlined in S.C.R 7.

The JLCAIP recommends adoption of a resolution to allow the Home for Life Task Force to convene to fill vacancies and continue its work through the 2010 legislative interim and report to the legislature prior to the opening of its 2011 regular session.

Home Care Concierge Service

In its 2006 report, the JLCAIP recommended the establishment of a service referral program successfully used in Beacon Hill Village in Boston, Massachusetts. This program was shared with leaders in the state's aging network, and in May 2009 a program based on the Beacon Hill model was announced by St. Francis Healthcare System.

Called Stay Healthy at Home, the fee-based membership program provides a concierge of support care services to seniors on Oahu, including: access to automated health monitoring stations, case management review, chronic disease selfmanagement training, in_depth personal assessment involving safety surveys of living areas, evaluation of emergency response

Comment [t1]: Kupuna caucus I believe has done the housing issue reso, it was determined that a reso is not needed for DOE or DOH or EOA, I know nothing about reso's for DHS or DPS...or government-wide awareness...so do we want to reword this paragraph?

systems, advance care planning consultation, and transition planning to long term care.

The main feature of the program is a referral service for fee-for-services to credible, prescreened providers. This service provides an added level of confidence to seniors who seek care services in their homes.

Fall Prevention

One third of the elderly in our state fall each year, causing injuries that often lead to hospitalization and immobilities immobilities that require rehabilitation and long term care services. The physical and emotional cost of falls impact the elderly as well as their caregivers.

However, falls are preventable with simple balance screening, medication reviews, vision exams, and other programs. Coordinated statewide public awareness and education programs are needed to increase the availability and accessibility of fall prevention programs for the elderly and their caregivers.

The JLCAIP recommends adoption of a resolution to establish a fall prevention task force to encourage collaboration and coordination among stakeholders, including health care facilities, government and nonprofit agencies, and community organizations and coalitions. The task force also would develop public awareness and education programs to increase the availability and accessibility of fall prevention programs for the elderly and their caregivers.

Home Care Agency Licensure

Act 21 (2009) was enacted to require licensing of home care agencies that provide services to the elderly and others who reside at home or in a home-like setting and are in need of supportive care. Fiscal constraints have prevented the implementation of licensing since the necessary staff to support the licensing function have not been funded. In the interim, an ad hoc committee, supported by the JLCAIP, has begun work on the development of the administrative rules to promote the advancement of the process without costs associated with it. A request for an appropriation to fund the Department of Health licensing staff position(s)is anticipated in the 2011 Legislative Session when the State budget is expected to grow.

University of Hawai'i Center on Aging

For three consecutive years, the JLCAIP has recommended funding for the University of Hawai'i Center on Aging to hire paid staff, rather than continue its limited operations utilizing volunteer staff. Although no appropriation was approved, a private grant was received in December 2008. Beginning in August 2009, the Office of the Vice Chancellor, Research and Education, at UH Manoa allocated university funds to support the hiring of one full-time equivalent personnel to work of the Center on Aging's revitalization plan. Personnel include a part-time interim director and part-time specialists. The Center is working to build its infrastructure with federal research grants and is continuing its commitment to provide technical assistance to the community. It is currently contracted by the EOA to provide research and planning training to the state and area agencies on aging staff, and has also applied for federal research grants.

Long Term Care Commission

Act 244 (2008) established the Long Term Care Commission, which was not able to meet until in November 2008 due to fiscal constraints prompting the governor to not release appropriated funds. However, the LTCC was able to secure funds from private sources, and has approved a work plan that includes two phases.

A contract for phase I has been awarded that will: take stock of where Hawai'i currently stands in meeting the long term care needs of its people, analyze the state's future long term care needs, and identify and recommend pathways and solutions to deal with that future.

Phase II of the work plan will: lay out data and options to finance the work of the Phase I plan, and recommend a five-year plan for prioritizing and phasing in reforms to the state's long term care system.

The JLCAIP recommends adoption of the LTCC's proposals to extend the term of the LTCC to the adjournment of the 2012 legislative session and postpone the deadline for its preliminary and final reports to the opening of the 2011 and 2012 legislative sessions.

PART III. CONCLUSION

The JLC recommends that legislation be introduced in the 2010 legislative session to implement the recommendations outlined in this report. Co-chairs Senator Les Ihara, Jr. and Representative Marilyn B. Lee will draft legislation pursuant to these recommendations and offer co-sponsorship of the legislation to members of the JLCAIP and other legislators. While the JLCAIP is scheduled to terminate on June 30, 2010, it will monitor proposed legislation and may consider other actions as may be needed. The co-chairs of the JLCAIP wish to express their appreciation to JLCAIP members, some of whom have served since its inception in July 2006.

Respectfully submitted on Behalf of the members of the Joint Legislative Committee On Aging in Place

LES IHARA, JR., Co-Chair MARILYN B. LEE, Co-Chair